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ABSTRACT

This annual report describes the activities and accomplishments of the Colorado Part C statewide system of early intervention for fiscal year 1999-2000. It begins by discussing the agencies involved in the provision of services and other supports in early intervention. The innovative service delivery models that are used and the program's sources of funding are explained, along with the challenges the program faces. Issues that have been identified through state monitoring are listed, and accomplishments are described. Accomplishments of the program include: (1) developing service coordination core training modules; (2) developing video products to provide information/training in conjunction with service coordination core training to address implementation of the Individuals with Disabilities Education Act (IDEA) provision for supports and services in natural environments; (3) Part C and Part B staff jointly issued a compliance memo addressing the transition of children from early intervention to special education programs and clarified financial responsibility; and (4) establishing and implementing a revised community grant applications process based upon a rubric system which provides a thorough and uniformly applied process for monitoring and supporting community development activities throughout the state. A description of Colorado's credential system for special education and related services personnel is included. (CR)

EC

ED 455 654

ANNUAL PERFORMANCE REPORT

Part C of the Individuals with Disabilities Education Act (IDEA) for Infants, Toddlers, and Their Families

Year XIII (1999-2000)

Submitted by

cde

Early Childhood Connections for Infants, Toddlers & Families

approved by the
Colorado Interagency Coordinating Council

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ANNUAL PERFORMANCE REPORT

Part C of the Individuals with Disabilities Education Act (IDEA) for Infants, Toddlers, and Their Families

Year XIII (1999-2000)

Colorado State Board of Education
Seated January 09, 2001

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approved by the
Colorado Interagency Coordinating Council

Annual Performance Report for Part C
FY 1999-2000, Year XIII Participation

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INTERAGENCY COORDINATING COUNCIL

CERTIFICATION OF ANNUAL REPORT

On behalf of the Interagency Coordinating Council (ICC) of Colorado,
I certify that the ICC X agrees/ ___ disagrees (*) with the information presented in the State's Annual Performance Report for FY 1999. The Council understands that §80.40 of the Education Department General Administrative Regulations (EDGAR), requires that the lead agency prepare an Annual Performance Report containing information about the activities and accomplishments of the fifteen (15)-month grant period, as well as how funds were spent. The Council has reviewed the Report for completeness of its contents and accuracy.

We submit this Report in fulfillment of our obligation under Section 641(e) of the Individuals with Disabilities Education Act (IDEA) to submit an annual report to the Secretary and to the Governor on the status of the State's early intervention program for infants and toddlers with disabilities and their families.

Steven A. Antolak
Sandy Scott
Signature of ICC Chairperson

1/3/01
1-3-01
Date

(*) The Council may submit additional comments related to the lead agency's Annual Performance Report and append comments to the Report.

Colorado Part C Statewide System of Early Intervention

Activities and Progress

Colorado continues to meet the challenge of the Individuals with Disabilities Education Act, Part C (IDEA): the implementation of a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention supports and services for infants and toddlers with disabilities and their families. This annual report represents the activities and progress from July 1, 1999 through September 30, 2000.

INTERAGENCY AGREEMENTS

The Memorandum of Understanding for the implementation of IDEA, Part C in Colorado is among the Departments of Education, Public Health and Environment, Human Services and Health Care Policy and Financing. This agreement articulates the interagency collaboration for providing: a community directed collaborative interagency child identification process; service coordination; IFSP development and implementation which is family driven; opportunities for families to be included in all levels of policy development; coordinated interagency technical assistance and training to families and service providers; and support to share and exchange information as necessary for federal reporting requirements.

AGENCIES INVOLVED IN THE PROVISION OF SERVICES AND OTHER SUPPORTS IN EARLY INTERVENTION

The Part C system in Colorado is a combination of federal, state, local, public and private agencies and organizations and other individuals. The Colorado Department of Education is the lead agency for the State of Colorado. The State Department of Human Services, Children's Health and Rehabilitation Services, has specifically targeted direct services to infants and toddlers with developmental disabilities and their families. Direct child and family services provided under this program are distributed in relative proportion across the state. This distribution was further equalized in the past legislative session with the addition of 50 new state "resources" for early intervention. The State Department of Public Health and Environment administers the federal Maternal and Child Health Block Grant with a state match of funds, a portion of which is designated for children with disabilities. The Health Department works with local Part C initiatives on a variety of on-going efforts to facilitate utilization of the state Medicaid, CHP+ and EPSDT programs. On-going

work with the Department of Health Care Policy and Financing regarding the state Medicaid plan physician on-site rule has resulted in possible proposed changes which would be made in the 2001 legislative session.

ACTIVITIES UNDERTAKEN IN THE STATEWIDE SYSTEM OF EARLY INTERVENTION SERVICES

Statewide Early Childhood Interagency Activities:

The Consolidated Child Care Pilot communities now number 18, covering over half of the state's counties. All local early intervention interagencies are supported to be active participants in this effort through the community grant application process and on-going technical assistance. The main focus of the pilots is intense technical assistance from state agency personnel representing different agencies and the potential granting of waivers from any state statute or rule that a community identifies as creating a barrier to comprehensive quality child care services. The program provides the opportunity to directly address issues that might impede local collaborative efforts. Many of the communities also reported broadening their use of consolidated funds to design and implement more comprehensive early childhood care and education services for all children. The pilot process allowed communities to request waivers on timelines which allowed more flexibility for transitioning two-and-one-half year old and three year old children into school district programs. A significant increase in training was reported for early care and education providers across the Pilot communities. Professional development systems are developing in numerous Pilot communities.

Colorado continues to be part of the national Maps to Inclusive Child Care grant. The MAPS Project offers incentive and support for states to develop plans to enhance the opportunities for families of young children with special needs to access appropriate child care options. Colorado has recognized a significant need in this area for Part C eligible children and families as well as for older populations. The team that includes the state's child care agency, information and referral, higher education, the private child care community, the advocacy community, Part C personnel from several agencies, the state legislature, parents and others produced and disseminated a directory of child care resources statewide. They continue to work on increasing the availability and coordination of training efforts across the state (see attachment #1).

"Expanding Quality in Infant Toddler Care Through Teaching and Learning" is a statewide training initiative designed to increase the quality of care for all

young children in child care settings. Developed in 1999, "Expanding Quality" is a collaboration between the Colorado Department of Human Services, Division of Child Care and the Colorado Department of Education. In Year 1, 50 individuals were trained during an 8-day "Training of Trainers". An additional 60 individuals are participating in the Year 2 "Training of Trainers". Fifteen community training teams replicated the 45-hour "Expanding Quality" curriculum in their local communities in 1999-2000. Over 200 caregivers were trained statewide. Twenty-six training teams will replicate the 45-hour training in local communities during 2001. An additional 500 people will participate in training statewide.

Statewide Part C Specific Interagency Activities:

The Memorandum of Understanding (MOU) committee (the CICC co-chairs and the four signatory agencies) continued to address MOU collaborative initiatives on service coordination/IFSP development and implementation and supports and services provided in natural environments. The group worked to agree upon a common approach to training and a process to recognize service coordinators as qualified personnel.

The following activities/products resulted from this work:

- IFSP/Service Coordination

  The MOU committee supported the development of service coordination competencies. They participated in and advised the group that was formed to develop and deliver the service coordination core training modules. The service coordination mentor program, a joint effort between the lead agency, Children's Health and Rehabilitation Services and the Department of Public Health and Environment, has resulted in each local interagency group identifying a local lead service coordinator. The committee has been identifying and exploring the issues of capacity in the interagency system for service coordination. Expanding the capacity within the local public health departments was a particular focus of the work this past year.

- Supports and Services Provided in Natural Environments

  The group has continued to address the issues inherent in implementing this provision of IDEA. Members of the MOU group have participated in the "Babies B.E.L.O.N.G. Initiative" to provide information and training on delivering supports and services in children's everyday lives and family

routines particularly related to service coordination core training. A major topic of discussion continues to be payment for services provided in this family-centered way.

- Part C/Community Center Board/Child Find Early Intervention Training

  The local Part C initiative coordinators, Child Find coordinators and early intervention directors from the Community Center Boards jointly planned and held a two day training focussing on child identification, supports and services in natural environments, management, and transition within communities. The opportunity to participate as teams from local communities was actively supported by the state interagency group.

- Finance Committee of the Colorado Interagency Coordinating Council

  The continued population growth in Colorado and assuring adequate funding for early intervention has been a focus of the Finance Committee of the CICC. All but one of the MOU group members are part of this committee along with other CICC members. This past year, the committee worked to address issues that arose due to a conflict with the IDEA provision for providing supports and services in natural environments and a state Medicaid rule which requires a physician to be "on site" if physical or occupational therapy services are delivered and billed through Medicaid. The work by MOU members and others resulted in a proposed change in the physician on-site rule which will be made to the legislature in 2001.

INNOVATIVE SERVICE DELIVERY MODELS

For the past 6 years, the Department of Education's Early Childhood Initiatives (Part C and Part B/619 included) in conjunction with the Division of Child Care in the Department of Human Services, has funded a statewide network of 34 local Learning Clusters. This past year, more than 300 infant/toddler care and education providers received training to further their understanding and skills in working with young children and their families. Trainings covered topics such as parent leadership, providing services to very young children in their daily routines and activities, mental health, nutrition, safety and physical health as well as disability specific issues.

The lead agency funded three communities to provide the ENRICH model training to local interdisciplinary teams. The project, an EEPCD Outreach Project housed at the Colorado University Affiliated Program, taught their

model of family centered home and community based early intervention services and supports. The trainers include a parent of a child with a disability, special educator, speech/language pathologist, occupational therapist, physical therapist, nurse and psychologist. Interagency/interdisciplinary teams from Weld, Larimer and Jefferson Counties participated.

Through the contract with JFK Partners, Colorado's University Affiliated Program, CDE is participating in a series of five video conferences which are broadcast to 8 distance learning sites across Colorado. The first video conference of the series broadcast in September focussed on providing early intervention supports and services in everyday routines and activities. During 2001 two other video conferences will focus on Part C topics, cultural/linguistic diversity and service provision and service coordination (see attachment #2).

Individual community Part C initiatives, through their community capacity building grants, also contract with ENRICH to provide training/services to individual families and the interventionists working with them. Individual communities are also engaging in innovative service delivery, such as developing community based/funded playgroups.

SOURCES OF FUNDING AND OTHER SUPPORT

The lead agency in Colorado, the Department of Education, receives the Federal Part C grant, $5,377,332 for Year XIII, the Department of Human Services, Children's Health and Rehabilitation Services, Developmental Disability Services (DDS), receives state early intervention allocations of $5,600,000. DDS also administers the state family support program for families with children with developmental delays; this is not tracked specifically for children 0-3. The Department of Public Health and Environment contributes resources for children 0-3 through the Health Care Program for Children with Special Needs (covers 0-21); these are not tracked specifically for the 0-3 age group. The Department of Health Care Policy and Financing administers the state Medicaid funds which families in the state access if they qualify for the program; these resources are not tracked for children 0-3 specifically for Part C. Parents can utilize their private insurance. Additionally community resources are also contributed but are not tracked at the state level.

ANALYSIS OF DISPUTES

A complaint was filed against the Part C system in April 2000. The complaint concerned the discrepancy between the Colorado Department of Health Care

Policy and Financing' s (HCPF) rule regarding the need for a physician to be on-site for physical or occupational therapy services under Medicaid and IDEA's provision for services to be provided in the child and family's natural environment. The lead agency and HCPF were engaged in reviewing this rule and it's implications under IDEA and considered this complaint in the on-going deliberations. The result of the agencies' work is noted in the section above Statewide Part C Specific Interagency Activities.

ANALYSIS OF CHILDREN REFERRED

The Child Identification process in Colorado is a collaborative and combined effort in the local communities. The Child Find offices in local school districts are involved in the identification of many children eligible for Part C. Hospital based and private therapists are also integrally involved in many community child identification teams. The referrals of children and families made to Part C interagency groups come from a wide variety of places and people in the community. Approximately 27% of the referrals made came from hospitals, 14% were made from Child Find offices, 13% from parents/family members themselves, 10% came from the primary care provider, 9% came from Public Health/HCP, and 6% came from service providers including therapists. The other referral sources were social services, community providers, home visitors and the state early intervention providers in the Community Centered Board system.

BARRIERS, CHALLENGES, FUTURE STEPS/ACTIONS RELATED TO INTERAGENCY COORDINATION

In Colorado, service coordination and service delivery are an interagency effort both at the state and local level and continue to challenge the MOU group and local interagency groups implementing Part C. During the fifteen months of this report, several of Colorado's state agencies gained new leadership and began implementing organizational changes which impacted children's services in developmental disabilities, mental health and public health.

ISSUES IDENTIFIED THROUGH STATE MONITORING

The early intervention system in Colorado participated in the federal Office of Special Education Programs continuous improvement monitoring process during 1999-2000. The following is a summary of issues identified through that process.

Public Awareness and Child Find

- There are inadequate strategies for making the public – especially primary referral sources – aware of the availability of early intervention services. Delivery of services is delayed because families do not know how to access services.
- There are delays from the time of referral to evaluation and to the delivery of services. From the time of referral – which occurs when the family or primary referral source makes the first contact with a public agency – the evaluation and IFSP development should be completed within 45 days.
- There are inadequate resources for conducting multi-disciplinary evaluations – especially for families whose primary language is other than English. There are delays during particular times of the year when school district Child Find personnel do not typically work.
- Families are not uniformly informed of their right to a free multi-disciplinary assessment or to the provision of early intervention services.

Service Coordination

- A single service coordinator is not consistently assigned to each family – families do not always know who their service coordinator is or they have multiple service coordinators.
- Service coordinators do not routinely perform all of the functions required under the law: they do not assure that families are informed of and understand their rights; they do not assure that families receive all of the services identified on their IFSPs; they do not assure transition planning prior to a child's 3rd birthday.

Individual Family Service Plans

- There is a lack of a systematic process for using information from the multi-disciplinary assessment to develop an IFSP that identifies the highest priority services needed.
- Family outcomes are not consistently identified on the IFSPs.
- Date of referral is not consistently indicated on the IFSP.

Provision of early intervention services in natural environments

- Services are listed on the IFSP and are not provided because of lack of financial resources. Planning teams do not recognize that the IFSP is a negotiated document that entitles the family to every service that is included. Rather, it appears that teams list all recommended services as part of the IFSP.

- Services are not always provided in a timely manner.
- Services are provided in separate clinical settings with no justification provided on the IFSP.
- Families in some communities are required to use their insurance as payment for services listed on the IFSP.

Transition

- Not all children receive the services they need on their 3rd birthday.
- Transition planning does not consistently take place at least 90 days, and according to the Colorado State Plan 180 days, prior to a child's 3rd birthday.
- Service Coordinators do not take responsibility for notifying and inviting a school district representative to the transition planning meeting.

General Supervision

- The lead agency does not have a system to follow-up on monitoring, for setting time lines for the correction of issues of non-compliance and for assuring that issues of non-compliance are corrected.

ACCOMPLISHMENTS

The major priorities of Part C implementation in Colorado by the lead agency for 1999-2000 were:

- Improved service coordination;
- Addressing the IDEA provision for supports and services in natural environments;
- Addressing systemic needs in public awareness, screening, evaluation and assessment; and
- Addressing systemic needs in transition processes and services

Additional priorities addressed were:

- Providing the next level of support for local Part C initiatives (i.e. facilitating methods to increase supports/services in natural environments, facilitating more collaborative work with other agencies; continued parent participation and leadership support; providing information on procedural safeguards);
- Increasing the cultural competency of state and the local efforts; and
- Implementation and tracking of revised local community grant funding formula/application process.

The major accomplishments of 1999-2000 were:

- Developed service coordination core training modules; a schedule was established to provide the 4 day training in 15 separate locations around the state, by September 30 approximately 300 individuals had registered for the training (see attachment #3);
- Developed video products to provide information/training in conjunction with service coordination core training to address implementation of the IDEA provision for supports and services in natural environments; held one statewide training for direct service personnel, family members and service coordinators which was broadcast statewide to over 100 participants;
- Part C and Part B jointly issued a compliance memo addressing the transition of children from Part C to Part B and clarified financial responsibility; the State Part B Director attended a statewide Part C meeting and addressed these issues through a formal presentation and Part C staff participated in a meeting with all of the local special education directors in the state to address these issues (see attachment #4).
- Part C Lead Agency established and implemented a revised community grant application process based upon a rubric system which provides a thorough and uniformly applied process for monitoring and supporting community development activities throughout the state. These rubric categories include:
    - LICC Function and Management
    - Public Awareness
    - Data Collection
    - Central Directory / System of Resource and Referral Information
    - Comprehensive Child Identification
    - IFSP Development
    - Service Coordination
    - Provision of Supports and Services in Natural Environments
    - Timely and Coordinated Transition
    - Provision of Procedural Safeguards of I.D.E.A.
    - Community Capacity Development
    - Parent Involvement / Parent Leadership
    - Accountability and Evaluation
- Parent Leadership development activities resulted in the hiring of two new Part C lead agency staff who had begun their involvement with Part C as parents and who had participated in the parent leadership initiative. The lead agency contracted with two parents to co-direct the planning and implementation of the annual Summer Institute. Parents continued in leadership roles throughout the state in local Part C efforts; the lead agency

continued funding for four parents to participate in the "Teamwork, Consultation, Leadership Dialogues" course (see attachments #5 and #6);

- Twelve one-year community projects designed to enhance cultural competence completed their activities and the information and strategies from these projects were disseminated statewide through a written document (see attachment #7);
- Substantial revisions were made to improve the process for supervision and monitoring of early intervention services for infants and toddlers with disabilities in Colorado. The formal monitoring activities for Part C in Colorado include six components:
    - Community Grant Application and Review: Annual grant applications submitted by local Interagency Coordinating Council's (LICC's) are reviewed by the lead agency and interagency representatives. The lead agency and interagency teams use a rubric system to analyze the grant applications and to measure community growth and development relevant to Part C. Comparing annual grant applications from year to year identifies benchmarks.
    - December 1st Childcount Data: Data from the December 1st Childcount is analyzed to identify issues needing further support and development locally and statewide.
    - On-going Technical Assistance: By increasing the use of evaluation data from all training efforts, the lead agency is able to more effectively validate the data gained from other sources.
    - Self –Assessment: One element of the community grant application process is the requirement that communities complete an annual self-assessment.
    - Dispute Resolution Proceedings: information and data from written complaints submitted to the lead agency or requests for mediation is documented and analyzed to determine additional technical assistance needs.
    - Onsite Review /Follow-up Process: The community based onsite review is an interagency activity that comprehensively examines and addresses an entire community's response to meeting the needs of infants and toddlers eligible for Part-C and their families. Parent focus groups, IFSP reviews, and community interviews with service providers, service coordinators, agency representatives, pre-school staff, etc. provide comprehensive and accurate data. Information and data gathered through the Onsite Review Process is compared to data gained through the five previously mentioned sources to assure validity. An outcome of the Onsite Review is a written report

identifying issues regarding compliance with State and Federal Part-C requirements. The local ICC develops a written plan to address compliance issues. This plan, which includes timelines, benchmarks, and technical assistance needs, is approved and monitored for implementation by the lead agency.

- The Public Awareness initiative completed the following efforts (see attachment #8):
  - Published 3 articles about Early Childhood Connections in The Colorado Pediatrician, a newsletter of the Colorado Chapter of the American Academy of Pediatrics, and Colorado Family Physician.
  - Disseminated 292 Packets of Early Childhood Connections materials to physicians.
- A list of Colorado physicians organized by family practitioners, pediatricians, and obstetricians within each region of the state was disseminated to each Part C Coordinator for their use at the local level (see attachment #9).
- A form for physicians to make referrals to Early Childhood Connections was developed with the help of a steering committee. 300 pads have been disseminated between July and December 2000.
- Between January and August 2000, seventy individuals (representing twenty-two Early Childhood Connections communities) participated in training to develop a community presentation to deliver at physician's offices in their communities. Each community developed a written action plan indicating the number of physicians they intend to visit. Many of the 13 communities that did not attend the training requested and received the training materials to adapt for their own local use.
- The Part C lead agency created a new Public Awareness document called the "Welcome Packet" which provides a basic introduction to Part C including information about eligibility criteria, IFSP development, Service Coordination, Rights and Entitlements, etc. Copies of this document were disseminated through local community Part C projects for every Part C eligible family and service provider (see attachment #10).
- The Part C lead agency contracted with the state's Protection and Advocacy program to develop and disseminate training for potential surrogate parents (see attachment #11).
- A state law requiring hospitals to perform a hearing screening on a minimum of 85% of newborns before hospital discharge became effective July 1, 1999; since that time all Colorado hospitals have begun to participate. The number of infants with hearing loss who are referred for early

intervention services prior to the age of 6 months has increased dramatically.

- Completed the first year of an autism pilot project with a local school district and Part C interagency to address public awareness, assessment, services and transition; produced a video and began statewide dissemination (see attachments #12 and #13).
- The Colorado Interagency Coordinating Council established a new process for recruiting and selecting parent members to the ICC. Nine applications were received and four parents were recommended to the Governor for appointment. Of these, two were appointed.

USE OF PART C FUNDS

There were no significant departures from the budget submitted with the Year XIII application. Expenditures were as follows:

System Change Functions Community Capacity Building Grants Rural Response Contract	$3,917,581
Support Functions Child Identification Public Awareness Family Leadership and Support CSPD Evaluation and Monitoring Data and Finance	$1,068,881
Program Administration Salaries/Expenses CICC Expenses Staff Travel Committee Expenses Operations	$390,870
TOTAL GRANT AMOUNT	$5,377,332

ONGOING SYSTEMIC CHALLENGES

The major ongoing systemic challenges seen at the local level in Colorado are: ensuring interagency cooperation and accountability; providing quality service coordination; and providing services in children and families' daily lives and activities. At the state level, the major ongoing systemic challenges are: addressing training needs to assure children receive services in their daily lives; addressing the process of transition from Part C to Part B; improving the quality of child identification, IFSP development and service coordination statewide; and maintaining leadership within Part C, at the CICC level, the local Part C Board and staff levels; and within the general community supporting families of young children eligible for Part C.

DESCRIPTION OF COLORADO'S CREDENTIALING SYSTEM

There has been no change in the state's credentialing system during the period of this report.

Category of qualified personnel	Highest Standards	Regulatory Agency
(a) Audiologists	Masters Degree with national certification (Certificate of Clinical Competence/CCC), or equivalency or has comparable training and experience	American Speech-Language- Hearing Association (ASHA)
(b) Family Therapists	Masters in closely-related discipline plus internship or AAMFT clinical membership and State licensure examination	Colorado Dept. of Regulatory Agencies, State Board of Marriage and Family Therapists Examiners
(c) Nurses	Bachelors degree, State Registered Nurse licensure exam.	Colorado State Board of Nursing
(d) Registered Dietitian	Bachelor of Science Degree	American Dietetic Association

(e) Occupational Therapists	Bachelors degree and national certification, or equivalency or has comparable training and experience	American Occupational Therapy Association
(f) Orientation and mobility specialists	Masters degree in peripatology	State Dept. of Education; Association for Education and Rehabilitation of Blind and Visually Impaired
(g) Physical Therapists	Bachelors degree plus state licensure	Colorado State Board of Physical Therapists
(h) Pediatricians and other physicians	Medical Doctorate Flex or National boards or state examination. 1 year post-graduate training	Colorado State Medical Board
(i) Psychologists	Doctorate of psychology and state license or masters degree and school psychologist certification	Colorado State Board of Psychologist Examiners Dept. of Education
(j) Social Workers	Masters degree and state licensure	Colorado State Board of Social Work Examiners
(k) Special Educators: • Early Childhood Teacher, birth - 8	Bachelors degree and state licensure as an early childhood specialist, or equivalent licensure in another state	Colorado Department of Education
• Special Education Teacher IV Early Childhood, birth - 5	Bachelors and ECSE endorsement (graduate-level work) with teacher licensure, or equivalent licensure in another state	Colorado Dept. of Education

• Special Education Teacher II Severe Needs, Vision, birth - 21	Bachelors degree and endorsement (graduate-level work) with teacher licensure, or equivalent licensure in another state	Colorado Dept. of Education
• Special Education Teacher II Severe Needs, Type Hearing, birth - 21	Bachelors degree and endorsement (graduate-level work) with teacher licensure, or equivalent licensure in another state	Colorado Dept. of Education
• Special Education Teacher III Profound Needs, birth - 21	Bachelors degree and endorsement with teacher licensure, or equivalent licensure in another state	Colorado Dept. of Education
(l) Speech/Language Pathologists	Masters degree with national certification (Certificate of Clinical Competence/CCC), or equivalency or comparable training and experience	American Speech-Language-Hearing Association (ASHA)

Annual Performance Report for Part C
FY 1999-2000, Year XIII Participation

ATTACHMENTS

1. Resource Guide for Early Care and Education
2. Babies BELONG Lecture Series brochure, sponsored by JFK Partners
3. Agenda-at-a-Glance for Core Training for Service Coordinators
4. Follow-up memo to federal monitoring by the Office of Special Education Programs (OSEP)
5. Parent Leadership Coaching Project brochure
6. Parent Leadership Program "Teamwork, Consultation, Leadership Dialogues" participants, syllabus and JFK Partners newsletter
7. Cultural Competency Initiative Final Report and Lessons Learned
8. Public Awareness Materials distribution list
9. Physician Outreach efforts
10. Welcome Packet (English and Spanish)
11. Colorado's Early Childhood Surrogate Parent Program
12. Identification and Intervention for The Spectrum of Autism
13. Colorado Resource Guide for Autism Spectrum Disorders

These attachments are available by contacting Melissa Garner at the Colorado Department of Education at 303-866-6710 or Garner_M@cde.state.co.us.